



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ACS PRIMARY CARE PHYSICIANS
2620 RIDGWOOD RD SUITE 300
AKRON OH 44313

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

HARRIS COUNTY

Carrier's Austin Representative Box

Box Number 21

MFDR Tracking Number

M4-12-3112-01

MFDR Date Received

JUNE 13, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary as stated on the Table of Disputed Services, page 1: "ACS was made aware this was a workers compensation claim on 04/10/2012 we them [sic] billed to as&g where this claim was denied timely. The patient sent us information stating this was in deed [sic] a workers' compensation claim. We are requesting a reconsideration of payment. ACS is providing al documentation for a proof of timely filing."

Amount in Dispute: \$2,028.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "In accordance with Rule 133.307(c)(2)(A), the request for Medical Fee Dispute is to include a copy of the medical bill submitted for reconsideration and a copy of the explanation of benefits. The initial bill was received by the proper TPA for payment on May 21, 2012, which was timely audited on May 23, 2012. The provider did not request reconsideration thereafter. The attached information contains no evidence that the provide requested reconsideration. The information that was forwarded by the provider to the Medical Review Division included a CMS 1500 with a signed date of June 5, 2012. However, this is eight days prior to the TDI/DWC received date of June 13, 2012. Per the attached information, a reconsideration/explanation of benefits was not included. At this time, Respondent maintains that the Medical Review Division does not have jurisdiction to review this request, as the provider did not request reconsideration and are in violation of Rul3 133.307(c)(2)(A)..."

Response Submitted by: Thornton, Biechlin, Segrato, Reynolds & Guerra, LC, 912 S. Capital of Texas Highway, Suite 300, Austin, TX 78746

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 3, 2011	Emergency Room Services	\$2,028.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.250 sets out the procedure for requesting reconsideration of a medical bill.
3. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
4. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
5. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
6. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.

The services in dispute were reduced/denied by the respondent with the following reason codes:

- 29e – The time limit for filing has expired. *Claim is to be submitted no later than the 95th day after the date on which the health care services are provided.*

Issues

1. Did the requestor submit the bill within the 95-day time limit for filing with the insurance carrier?
2. Did the requestor file the request for reconsideration in accordance with 28 Texas Administrative Code ?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied..." Review of the documentation submitted by the requestor finds that a copy of the original medical bill submitted to Aetna was not included in the documentation. Therefore, no documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.
3. 28 Texas Administrative Code § 133.250(a) If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill, the health care provider may request that the insurance carrier reconsider its action. (b) The health care provider shall submit the request for reconsideration no later than eleven months from the date of service. (c) A health care provider shall not submit a request for reconsideration until: (1)the insurance carrier has taken final action on a medical bill; or (2)the health care provider has not received an explanation of benefits within 50 days from submitting the medical bill to the insurance carrier. (d)The request for reconsideration shall: (1) reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill; (2) include a copy of the original explanation of benefits, if received, or documentation that a request for an explanation of benefits was submitted to the insurance carrier; (3) include any necessary and related documentation not submitted with the original medical bill to support the health care provider's position; and (4)include a bill-specific, substantive explanation in accordance with §133.3 of this chapter (relating to Communication Between Health Care Providers and Insurance Carriers) that provides a rational basis to modify the previous denial or payment.

(e)An insurance carrier shall review all reconsideration requests for completeness in accordance with subsection (d) of this section and may return an incomplete reconsideration request no later than seven days from the date of receipt. A health care provider may complete and resubmit its request to the insurance carrier. (f) The insurance carrier shall take final action on a reconsideration request within 21 days of receiving the request for reconsideration. The insurance carrier shall provide an explanation of benefits for all items included in a reconsideration request in the form and format prescribed by the Division; and (h) If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill after reconsideration, the health care provider may request medical dispute resolution in accordance with §133.305 of this chapter (relating to Medical Dispute Resolution - General). Review of the submitted medical bills finds that the request for reconsideration was made on June 5, 2012; however, the request for medical fee dispute resoluion was received in the Division June 13, 2012. The requestor did not allow the insurance carrier enough time to audit the request for reconsideration. Therefore, the request for medical fee dispute was submitted prematurely and the Division cannot review the merits of the dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	June 20, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.